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ANNEX









ON *Dr. L. D. Waterman*  
BARTHOLOW AND PRO'S

“ LIBERAL USE ”

OF

PRIZE ESSAYS;

OR

PRIZE-ESSAYING MADE EASY, AND TAUGHT  
IN A SINGLE LESSON.

BY

GEO. C. BLACKMAN, M.D., Prof., etc.

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“ When energizing objects men pursue,  
Then Lord knows what is writ by Lord knows who.”

*Byron's Dr. Plagiary.*

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# LITERARY LARCENY;

OR

## PRIZE ESSAYING MADE EASY, AND TAUGHT IN A SINGLE LESSON.

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As preliminary to the main object of this paper, we will briefly refer to a literary transaction of "extraordinary peculiarity," which occurred in the great metropolis of France, and then proceed to show how the said transaction has even been eclipsed by a writer of the Queen City. In 1852, the Royal College of Surgeons of England, awarded the Jacksonian Prize to Mr. Henry, (now Sir Henry) Thompson, and in 1854 this Prize Essay was published in London. In 1856, a writer by the name of José Pro, presented an Essay on the same subject to the Société de Chirurgie of Paris, which Society awarded to M. Pro the highest honors. Of twenty-six quarto pages of his Essay, twenty-three proved to be a literal translation of Sir Henry Thompson's Prize Essay. A reviewer in the *London Lancet*, June 5th, 1858, Eng. ed. p. 555, thus prefaces extracts from the two works, and placed in opposite columns: "But we must not omit to do justice to M. Pro's undoubted merits as a translator. The following is a fair specimen of his ability as illustrated at any part of the twenty-three pages aforesaid, and we offer it as a specimen of the rest." We are compelled to omit these extracts, which are sufficient to satisfy the reader of the fidelity of the translation. But we must make room for the comments of the reviewer on M. Pro's *Memoire*:

"Its peculiarity is of so striking a kind, that we should be wanting in justice to the whole republic of letters, were we to omit to point it out. For it is a matter which concerns every author personally, be he medical or not, that his own proper labors, the hard-earned acquisitions of his own industry and

intellect, should not be pilfered from him, and particularly that those acquisitions should not, in some more or less distant parts of the world, be represented by another as his own creation and property. We have now only to add that M. Pro, in perpetrating one of the most shameless and extensive plagiarisms which has been brought to light for many years, has paid a great compliment to their real author, and that the Société de Chirurgie, by conferring their highest distinctions upon the supposed original observer, have quite unwittingly confirmed it."

If the reviewer justly pronounced the above plagiarism one of the most "shameless" that had been brought to light for many years, what language can be found appropriate to characterize the conduct of a Cincinnati Professor, who artfully attempts to disarm the reader of all suspicion, by acknowledging that in the preparation of his monograph he has made a "liberal," and then proceeds to make a *literal* use of a celebrated French Prize Essay on the same subject. And now for the history of this "peculiar" literary performance, which like the Essay of M. Pro, furnishes abundant evidence, if not of *honesty*, at least of his merits as a *translator*.

During the latter part of the year 1862, the Academy of Medicine in Paris, proposed as the subject of a Prize Essay—The History of the *Ataxia Locomotor Progressive*. Paul Topinard, ancient *interne* of the hospitals, and member of the *Société Médicale d' Observation*, was at that very time engaged in the investigation of this subject, and at once entered the list of competitors. After collecting and analyzing 252 cases, scattered in various publications, he added to them some 43 others, all but two of which had occurred under his own observation, and in 4 of which an autopsy had been made. This Essay displayed such extensive research and ability, that the Academy awarded to Paul Topinard the Prize, and in 1864 the work was published in Paris. During the winter of 1865-6, the writer received a copy of this Prize Essay, which he handed over to Prof. Roberts Bartholow, who professed a desire to study the subject.

In the April number of the Cincinnati *Journal of Medicine*, 1866, appeared an article entitled, "The Progressive Locomotor

Ataxia," (*Ataxia Locomotrice Progressive*), by Roberts Bartholow, M. D. In a note printed at the bottom of the page, he states that he has made "liberal use" of Paul Topinard's Prize Essay, and after giving us the details of his remarkable case, the patient Kelch—he thus proceeds to illustrate his idea of the signification of the term "liberal use." It is due to the Professor to state that in the six pages which follow the report of Kelch's case, and which constitute the first of his series of papers on the subject, six original lines referring to Kelch, do occur, the rest being a literal translation, while the name of Paul Topinard does not once appear in the text. We might select any portion of the article in the April number of the Journal, but must be restricted to a few extracts, and will commence with *Historique*, p. 135, of Paul Topinard's Prize Essay, and *History*, p. 194, of Dr. Bartholow's article in the April number of the Cincinnati *Journal of Medicine*. When the page is not specified, the reader has only to follow the order of description adopted by Topinard, to find the corresponding translation by Bartholow.

### BARTHOLOW.

History. The name, *ataxie locomotrice progressive*, was given this malady by Duchenne, of Boulogne, who described it with more particularity than any of his predecessors, but he is not entitled to the merit of discovery. It had been recognized in England in 1847, and was well described in Germany in 1834, but under other names, as paraplegia with disordered co-ordination of movement, *tabes dorsales*, gray degeneration of the posterior columns of the spinal cord, progressive spinal paralysis, etc.

The most ancient of these terms, *tabes dorsales*, originated with Hippocrates, who applied it to the accidents produced by the abuses of venery.

Sauvages, a long time after, described a group of symptoms pro-

### TOPINARD.

L'histoire de la maladie, désignée par M. Duchenne (de Boulogne) sous la dénomination d'*ataxie locomotrice progressive* remonte au dé-là de l'époque où parut son mémoire. Elle avait été signalée en Angleterre, vers l'année 1847, et assez bien décrite en Allemagne, en 1834. Mais c'est sous d'autres noms qu'il faut l'y chercher, sous ceux de *paraplégie* portant sur la co-ordination du mouvement, de *tabes dorsales* ou *dorsalis*, de *dégénérescence grise des cordons postérieurs de la moelle*, de *paralysie spinale progressive*, etc.

La plus ancienne de ces expressions le *tabes dorsalis*, remonte à Hippocrate, qui l'appliquait aux accidents produits par l'abus des plaisirs vénériens.

Sauvages, long-temps après, écartant avec raison de ce groupe la

duced by the same cause, which closely correspond to the disease not known as progressive locomotor ataxia. Lallemand also, under the title of the "dorsal consumption," described a set of symptoms of the same character.

The term *tabes dorsales* was, by the Germans, changed in its signification, and applied to a disease of the cord characterized by atrophy of this organ. The first autopsy, clearly establishing this condition of the cord, was made so long ago as 1679. The disease was very clearly described in Hufeland's Practice of Medicine, under the name *tabes dorsales*, in 1834. Steinthal, in 1844, was equally explicit in his details concerning this disease, describing the difficulties of locomotion, the loss of power of co-ordinating muscular movements, the amaurotic amblyopia, etc. Romberg, in 1851, under the same name of *tabes dorsales*, and Wunderlich the following year, under the title of progressive spinal paralysis, particularize with great precision the essential phenomena of this disorder.

The morbid anatomy of progressive locomotor ataxia had been studied with the naked eye only, prior to 1857, in which year Ludwig Turck published a memoir at Vienna, in which he described the microscopic appearances of the degenerated posterior columns of the spinal cord. Virchow and Raciborski confirmed these observations which had established that the alteration proper to *tabes*, consisted in an atrophy of the nervous elements with hypertrophy of the intermediate connective tissue. Whilst these observations were accumulating in Germany as to the nature of *tabes dorsales*, attention was being called in England to defects of co-ordination, dependent on

fièvre hectique en résume les symptômes, rachia'gie, douleurs dans les membres inférieurs, tremblement des mains, dysurie, spermatorrhée et gouette sereine, ou serait disposé à croire qu'il avait en vue quelques cas de la maladie que nous étudions.

Lallemand a décrit ces accidents sous les titre de consommation dorsale.

Mais, au delà du Rhin, les *tabes dorsalis*, changeait de signification. La première autopsie connue dans cette voie est la suivante. La moelle était très-atrophie. Bonetus. 1679. La première description nette s'en trouve dans la Médecine pratique de Hufeland, chapitre *tabes dorsales*, 1834. Steinthal, en 1844, est plus explicite sur quelques détails. Il énumère les symptômes suivants; l'affaiblissements des membres, la démarche chancelante. l'amblyopie amaurotique, etc.

Romberg, en 1851, sous ce même nom de *tabes dorsales*, et Wunderlich, l'année suivante, sous celui de paralysie spinale progressive, esquissent avec une grande précision les principaux traits de la maladie.

Jusque-là les autopsies n'avaient été faites qu'à l'œil nu. Ludwick Turck, le premier, fit intervenir le microscope. Dans un mémoire, publié à Vienne en 1857, il aurait observé onze fois la dégénérescence grise et gélatiniforme de toute la longueur des cordons postérieurs. Virchow et Raciborski confirmèrent ces résultats. L'altération propre au *tabes* consista pour eux en une atrophie des éléments nerveux, avec hypertrophie de la substance conjonctive. D'autre part, en Angleterre, l'attention s'était portée sur les désordres de co-ordination, dépendant d'une affection de la moelle. Todd, in 1847, guidé par les idées théoriques qu'il s'était faites sur les



an affection of the cord. Todd, especially, influenced by the theoretical views which he entertained as to the functions of the posterior columns of the spinal cord, and having had two cases in which defects in the co-ordination of voluntary movements existed with integrity of the muscular force, diagnosed during life and confirmed by post mortem observation, a lesion limited to the posterior columns. "Two sorts of paralysis of movements," says Todd, "are found in the inferior extremities; one consists in feebleness or loss of voluntary movement; the other is distinguished by diminution or complete abolition of the power of co-ordination of movements." He says nothing, however, of ocular troubles.

In 1856 and 1858, Gull published in Guy's Hospital Reports a long series of observations relative to diseases of the cord. In one case he observed troubles in the co-ordination of movements and alterations of the posterior columns of the cord. Gull, ignoring the labors of the Germans in the same field, and the investigations of Duchenne not yet having seen the light, did not hesitate to ascribe these phenomena to chronic myelitis.

In France various observations were made and recorded in the proceedings of the anatomical society and in the immortal work of M. Cruveilhier. These observations extend from 1828, those of M. Hutin; 1830, those of M. Cruveilhier; 1845, those of M. Frèdault; 1847, those of Monod; 1856, those of M. Lugs; to 1858, those of M. Laborde.

It is subsequent to these observations that M. Duchenne announced in the *Archives de Médecine* of 1858, the existence of a new disease which he proposed to call - "*ataxie locomotrice*

des cordons postérieurs de la moelle, et ayant sous les yeux deux cas de défaut de co-ordination des mouvements volontaires avec intégrité de la force musculaire, il diagnostiqua sur le vivant et reconnut à l'autopsie une lésion limitée aux cordons postérieurs. "Deux sortes de paralysie du mouvement, se rencontrent aux membres inférieurs, dit-il: l'une consiste dans l'affaiblissement ou la perte du mouvement volontaire, l'autre s'en distingue par la diminution ou abolition complète du pouvoir de co-ordonner les mouvements." Quant aux troubles oculaires, il n'en dit rien. En 1856 et 1858, Gull publiait, dans Guy's Hospital Reports, une longue série d'observations de maladies relative à la moelle. Dans l'une, il y a trouble de co-ordination des mouvements et altération des cordons postérieurs dans toute leur longueur. L'auteur s'y arrête, et, non influencé par les travaux allemands qu'il ignorait, ou par ceux de M. Duchenne qui n'avaient pas encore vu le jour, il n'hésite pas à en faire une myélite chronique.

En France, les documents les plus reculés que nous possédions sur la maladie qui nous occupe se trouvent dans les bulletins de la Société anatomique et dans l'immortel ouvrage de M. Cruveilhier. Nous avons donné, page 113 et suivantes, l'analyse des observations de Hutin en 1828, de M. Cruveilhier en 1830, de M. Frèdault en 1845, de Monod en 1847, de M. Lugs en 1856, et de M. Laborde en 1858.

C'est alors que M. Duchenne (de Boulogne) signala dans les *Archives de Médecine* de 1858, l'existence d'une espèce morbide nouvelle qu'il proposa d'appeler *ataxie locomotrice progressive*, et caractérisa en ces

*progressive*," describing it in these terms: "Progressive abolition of co-ordination of movements and apparent paralysis, contrasting with integrity of the muscular force. This able observer ignored the ideas of Todd, and the labors of Hufeland, Steinthal, Romberg, and Ludwig Turck. His merit consists in this, that he comprehended the relation of the symptoms, their habitual succession, and insisted more than Romberg had done, upon the ocular troubles. This was certainly the view of the merit of Duchenne, entertained by Trousseau, when he baptized the new disease by the name of its presumed discoverer.

*Symptomatology.*—The duration of this malady is from one to thirty years; hence, it is useful to make some divisions to facilitate the description. We adopt the division of M. Duchenne. "The *ataxié locomotrice progressive* is divisible into three periods, the first characterized by three symptoms, etc., etc.

*Pains.*—These are in general the first symptoms to attract the attention of the patient. In one hundred and four observations made with reference to the frequency of the pains and the period of their appearance relative to their ataxic symptoms, they were present in forty-four before the locomotor ataxia; in twenty, after; in eighteen, present, but time not definitely fixed; in twenty-two, absent. These pains are observed in all diseases of the cord, but are more frequent in progressive locomotor ataxia.

At their origin these pains are fugitive, and distributed over the surface of the body or one of its lateral halves, or they are limited to one region, to one extremity, especially to the feet. If, after having been

termes: "Abolition progressive de la co-ordination des mouvements, et paralysie apparente contrastant avec l'intégrité de la force musculaire. Cet habile observateur ignorait les idées de Todd et les travaux de Hufeland, Steinthal, Romberg, et Ludwig Turck. Son mérite est aussi d'avoir embrassé l'ensemble des symptômes, leur succession habituelle, d'avoir insisté plus que Romberg, sur les troubles oculaires. C'est ainsi que le comprit certainement M. le professeur Trousseau, lorsqu'il baptisa la maladie nouvelle du nom de son auteur.

*Symptomatologie.*—La durée de notre maladie varie de une à trente années, il est utile d'y introduire quelques divisions, ne serait-ce que pour en faciliter l'exposition. Commençons par examiner ce qu'a de fondée la division proposée par M. Duchenne, et si nous l'adopterons. "Lataxie locomotrice progressive se partage en trois périodes: l'une, caractè, etc., etc.

*Douleurs.*—Ce sont, en général, les premiers accidents qui éveillent l'attention du patient. Sur 104 observations, la fréquence des douleurs et l'époque de leur apparition relative au début symptôme ataxie. 44 fois avant l'ataxie locomotrice; 20 fois après l'ataxie locomotrice; 18 fois présentes, sans désignation suffisante du moment de leur apparition; 22 fois absentes. Ces douleurs s'observent dans toutes les maladies de la moelle, mais plus fréquemment dans l'ataxie locomotrice progressive.

A leur origine, elles éclatent vagues et généralisées à toute la surface du corps ou sur une des ses moitiés latérales, ou bien se limitent à une région, une extrémité, les pieds surtout. Il arrive même que d'abord généralisées, elles disparaissent dans

generally distributed, they disappear in the superior half of the body to concentrate in one limb, this part, in which a primitive or secondary localization of the pains has taken place is destined to be the first attacked by the ataxic disorders.

la moitié supérieure du corps pour se conceulver dans l'une ou l'autre janebe. Le membre vers lequel se fait cette localisation primitive ou secondaire est celui qui est destiné à être le premier atteint par les désordres atauxques.

We have neither time nor space to copy the remaining portion of the article in the April number. But should any doubt the accuracy of our statement, that it is but a literal translation, we beg them to compare the article, with the original French. At the close of the last page in the April number, we find the following:

In the next number of the Journal, *we* (*italics* our own), will resume the consideration of this subject, commencing with the second period. And in the May number "we" thus "resume:"

"We describe the phenomena of the second period in the order in which they present themselves.

*Numbness.*—The ataxic allude, under this name, to an internal sensation of heaviness, seated in part or whole of a member, as if it were asleep. The numbness is a phenomenon, connected with the general sensibility, but distinct from the sense of touch, of heat, of pain, and from the muscular sensibility. It is a perversion of the functions of the sensitive nerves, as is the pains or tingling. Some patients employ the words numbness and tingling as convertible terms. \* \* \* \*  
(Here follow seven lines referring to Kelch, B.)

*Cutaneous Anæsthesia.*—Anæsthesia is one of the habitual symptoms of the progressive locomotor ataxia. In 109 observations, this symptom complete or incomplete, was present in 76 cases, very lightly in 15, and not all in 18 cases.

Nous decrirous les phenomenes de la deuxieme periode dans l'ordre ou ils succedent ordinairement.

*Engourdissement.*— Sous cette denomination vague, les ataxiques designent une sensation interieure de pesanteur, de somnolence siegeant dans la totalité ou une partée d'un membre. L'engourdissement est un phénomène lie a la sensibilité generale mais distinct de la sensibilité au tact, a la douleur, a la temperature, et de la sensibilité musculaire. Ce serait une perversion des propriétés des nerfs sensitifs comme les douleurs fulgurantes et les fourmillements. Quelques malades substituent volontiers, dans leur langage, les mots fourmillement et engourdissement.

*Anæsthesia Cutanée.*—L'anæsthesia est un des symptomes habituels de la maladie qui nous occupe. Sur 109 observations ce phenomene s'est ainsi reproduit. Anæsthesie complete ou incomplete. 76 fois: très legere, 15: nulle 18, etc. etc.

But we must refer those whose curiosity is not already satisfied to the April and May numbers of the Journal. At the bottom of the first page in the last named number, may be found the following note, which was written "under compulsion," and done by the Professor with a reluctance not exceeded by what Jack Falstaff himself would have felt under the circumstances. Should the Professor deny this statement, we can refer to the well-known publisher, Mr. Robert Clarke, a note from whom *drew* out the following :

"It having come to my knowledge that some persons consider my reference insufficient to the work of Dr. Paul Topinard (*De L' Ataxie Locomotrice Progressive, &c.*) I beg to inform the readers of the Journal that my intention was, by the term, "liberal use of the Essay" to express the idea of a synopsis of such parts as suited my purpose in the preparation of my article. As the work is a voluminous one, it would be impracticable to present a translation in the number of pages allotted to me. The present, as the former article, is a synopsis chiefly of the views of Topinard.

R. B.

And this extraordinary acknowledgment of this extraordinary "synopsis," the Professor has had the audacity to state, was made *voluntarily*! The Professor was informed that if he did not at once send an acknowledgment for publication in the May number of the Journal, one *would* appear from another source. It is due to the Professor to state that a part of his third paper in the June number of the Journal, bears less evidence of being "a debasing *translation* and unscrupulous assumption" of knowledge, and the more honest course of the Professor may be attributed by "some persons" to a cause, indicated in the following extract from an article on a certain class of Plagiarists, written by Dr. James Johnson in his London *Medico Chirurgical Review*, July, 1825. "Dr. Adams was a man of extremely little and illiberal mind, prone to catch at anything that might appear original with him, without the sense of justice to acknowledge his obligations, *unless he feared detection*, which fear was his principal stimulus to candor!" It is proper also to add that at the very next ses-



sion of the college, the Professor felt called upon, to deliver a lecture on the Code of Ethics! In the language of the poet whose lines grace the heading of our article.

Oh for a *forty-parson* power to chant  
Thy praise, hypocrisy!!

We might also quote from another poet, who speaks of the a class who

“Steal the livery of the Court of Heaven,  
To serve the Devil in.”

But we may wrong the Professor, for even thieves have paroxysms of honesty. Leigh Hunt in his famous chapter on *Thieves, Ancient and Modern*, says of that “bellipotent and immeasurable wag, Jack Falstaff,” that “if for a moment he thought it villainous to steal, at the next moment he thought it villainous not to steal.” Now we do not pretend that the curiosities of literature we have exhibited come properly under the head of *larceny*, but prefer the decision of literary clubs, or of those whose responsible duty it is to sit as judges on the merits of Prize Essays. If these should decide that the Professor has been guilty of *stealing*, then the lecture on the Code of Ethics must have been given during one of Falstaff’s intervals, when he *really* thought it *villainous to steal*.\*

APPENDIX.—We find in the present number of the *Cincinnati Medical Repertory*, (August, 1868,) a rejoinder by Dr. Bartholow, to our criticism of his extraordinary lecture on Inflammation, in the July number of the same Journal. Our frequent employment of the term “liberal use” seems greatly to have disturbed his equanimity of temper. If he will only turn to the *London Medico Chirurgical Review*, for July, 1846, he will find a review of a work entitled, *On the Deserts and Duties of the Physician*, written by Prof. Sava, of Milan. In this he will notice that the Italian Professor has graphically described those ambitious aspirants for fame and patronage who flood the shops with such original productions, as Bartholow on Spermatorrhœa, and Bartholow on Disinfectants, and it is evident that Prof.

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\* NOTE.—Mr. Bristed, in his *Five Years in an English University*, tells us, p. 341, that at Cambridge, men whose undergraduate course has been the most marked by drunk-ness and debauchery, appear after the “Poll” examination at divinity lectures—step out of Barnwell into the church, without any pretense of other change, than in the attire of their outward man—the being “japanned” as it is called in University slang.

Sava has his own ideas respecting those who have a *Calvin Edson, tape-wormy, tabes mesenteric* look, "a frown on the brow, the visage lean, sallow, pallid and black, with a rough 'he-goatish' beard"

Dr. Bartholow, during the heated term, has turned aside for awhile from "the application of the methods of the exact sciences" to the study of inflammation, and gives us the impressions made upon his mind by the perusal of the characters and *personel* of Jack Bunsby and Major Bagstock. Altogether he prefers the character of Jack, because, although unintelligible at times, he was *honest and true*. For Major Bagstock, "double-chinned and big-bellied," he feels nothing but disgust, forgetting, seemingly, that as regards honesty and truth, in deciding the comparative merits of the Bagstock type and Prof. Sava's *lean* kind, the verdict too was long ago pronounced in favor of the Major. Dr. Bartholow\* pays a high compliment, indeed, unites in the general praise of Tripler and Blackman's *Hand-Book of Military Surgery*, and is pleased to observe the knowledge displayed of the writings, both of Mr. Guthrie and Macleod, remarking that certain chapters exhibit "astonishing research into the depths" of these high authorities. If they do not exhibit such research, then most decidedly did we come short in the execution of our declared purpose, when we consented to compile the chapters which constitute our portion of the work.

In our preface it is distinctly stated, that "The want of a work like the present is seriously felt by those now about to engage for the first time in the duties of Military Surgery. To supply this want, the publishers requested Dr. CHAS. S. TRIPLER, U. S. A., to consent to the issue of the lectures which for the last three years he has delivered in the Medical College of Ohio, by invitation of the Professor of Surgery in that institution. To this the Doctor kindly consented. The publishers likewise requested Professor BLACKMAN to supply the material for the Chapters on Wounds of the Abdomen, Head, and Arteries—which he has attempted, after very brief notice, amid most pressing engagements. Prof. B. wishes it to be distinctly understood that his only aim has been to compile from the best

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\* NOTE.—Rather Captain B., "late of the Regular Army."

sources within his reach such a digest as will promote the objects proposed by the publishers.

"In addition to his own task, Prof. B. has been compelled to arrange three of the lectures of Dr. TRIPLER from unfinished notes, left with him by Dr. T., who was summoned to report himself to headquarters before the revision of his labors was completed. This, it is hoped, will be a sufficient apology for any imperfections which may be detected. A chapter on the Use of Chloroform has been added, taken from the valuable work of Mr. Macleod on the Crimean War, which will be found of interest."

The Captain does not seem to exult with that national pride we could wish to see manifested, by one so well versed in French literature, at the high compliment paid the writer by the author of the article on "Aneurism," in that great work now in course of publication in Paris, and entitled, *Nouveaux Dictionnaire de Médecine et de Chirurgie*. He has his misgivings as to the part which *manipulation* played in the cure, and doubtless feels inclined, with the writer, to attach considerable importance to the compression and veratrum viride at the same time employed. We, and his Indiana correspondent so renowned for his cures of hydrophobia, will find the case accurately reported in the Western Lancet, 1857, the record having been kept by Dr. N. J. Sawyer, at the time resident Surgeon of the Commercial Hospital. The title of the paper is, Femoral Aneurism cured by Veratrum Viride, Manipulation, and Compression. We have always been at a loss to understand why British and French writers have persisted in quoting this as a case of aneurism cured by manipulation alone. Indeed, we are inclined to believe that if the Captain will read the unsuspecting Frenchman's article carefully, he will find that notice was made by him of the other measures adopted in the case. The writer's innate modesty, great as, in the estimation of the Captain, it is, did not prevent him from making, in the aforesaid Western Lancet, June, 1857, p. 409, the following record: The *combination* of treatment adopted in our case, we believe has never before been attempted, and although its value cannot be established by a single instance, we predict that it will meet

with the approbation of all who are acquainted with the pathology of this affection. Hereafter the Captain will doubtless feel in duty bound to denominate this plan of treatment, *Blackman's Method*. The Captain and his Indiana anti-hydrophobia friend, will please accept our thanks for the assistance they have tendered in assigning our interesting case to its proper place in surgical therapeutics.

Our amiable Captain is somewhat discomposed because the house of Robert Clarke & Co., continue to announce that they are about to publish a treatise on *Legal Liability in Surgical Malpractice*, by the Hon. Stanley Matthews and myself, and complains of the slow progress being made with the work. He seems almost envious of the patronage extended to the writer as a surgical expert, but the Captain should remember that the perseverance of his own publishers of those invaluable works on *Spermatorrhœa* and *Disinfectants* — works indispensable to every family — must, in the end, bring the long-coveted reward. He should not forget that it is not every one that, like Bunsby, "can carry a weight of mind easy," that is equal to the task of producing one Prize Essay a week, and without, in the language of Christopher North, pillaging, plundering, conveying, and abducting; or, to use a more ordinary term, *Topinarding*, or making a too "liberal use" of the labors of others. The progress of the work might, doubtless, be expedited could we only become a convert to Falstaff's doctrine, that there *are* times when it is villainous *not* to steal. The Captain, we must add, is truly entitled to our warmest thanks for his complimentary expressions as to our qualifications for our task.

Captain Bartholow is quite unhappy because the "extensive erudition" displayed by us in our article on the Ring Treatment of Fractures of the Patella, published in the *Western Journal of Medicine*, May, 1868, should have obtained for us so much credit. He seems to think it beyond belief that, with our extensive knowledge of British and French authorities, modern German works can be to us any thing "more than sealed books," unless interpreted by the pictures they may contain. The Captain himself must admit that even with a lexicon *he* reads the German with great difficulty, and yet *he* does



not hesitate to quote from the new edition of Rokitansky's Pathological Anatomy, not yet translated into English, and why will he not be charitable enough to believe that like himself, with the aid of a lexicon, we may cull from a valuable article published in a German Journal or Treatise, *here a little and there a little*, as bees gather honey from the flowers.

But what has the Captain to say of our knowledge of the French language? With the specimen presented in our present paper, doubtless, words will fail him to express *all* that he feels and knows upon the subject.

The Captain thinks that Virchow ought not to be regarded as committed to Cohnheim's theory, because, forsooth, the latter was published in Virchow's journal. In this the Captain is, doubtless, correct. Again, he asks, "is Dr. Hays, of the American Journal of Medical Sciences, considered committed to Salisbury's fungi because the papers of this observer have been printed in this journal." We trust that we will not disturb the Captain's placidity and repose, if we propound the following: Could the reader of the American Journal of Medical Sciences, October, 1866, have believed for a moment, in reading the report of a case of typhlitis, (the Newport case,) cured by the attending physician, and reported as having been able to leave to join her husband; that that very case, at the time of the publication of the report, should be under the care of a Cincinnati surgeon, for sacro-iliac disease? Is Dr. Hays, committed to the Captain's report of an *imaginary* case of *typhlitis*?

P. S.—The Captain, in conclusion, quotes from a writer in the London *Med. Chir. Review*, for July, to show that this writer has not yet accepted Cohnheim's views on Inflammation, and, therefore, he was justified in not alluding to them in that famous lecture in which he prososed to follow "the method of the *exact sciences*." Now the Captain will find in the London *Times and Gazette* the most favorable editorial notices of Cohnheim's views; but better still, if he has a desire to make himself master of the present state of "the exact sciences" on this subject, let him study carefully a lecture before the New York Medical Journal Association, June 19th, 1868, (New York *Medical Record*, July 15th, 1868,) by W. Neftel, M. D., whose

accurate microscopical knowledge, we presume, he will not dare to question. Dr. Neftel states that he has repeatedly verified Cohnheim's experiments in Prof. Virchow's Pathological Institute, and Dr. Kuhne's Chemical Laboratory. He refers to other experiments by Koster, Volkmann, and Hering, and we can not too strongly urge upon the Captain the importance of carefully studying this important contribution to medical literature, in order that he may be prepared in his next lecture to do full justice to this subject.—In conclusion the Captain alludes to an unproductive class of practitioners "who have never suggested a new principle, or uttered an original thought," yet he should remember that to but few is it given both to *originate* and apply "*new principles*;" but that both Captain Roberts Bartholow, "late of the regular army," and Mons. Pro, are men, who, in the language of *The High German Doctor*, (London, 1715,) are endowed with such "*Select Capacities*," henceforth let none dispute! *Par nobile fratrum!* May we not yet be favored with a specimen of Pro's petroleum paint and blacking? The inventive genius of his Cincinnati prototype hath supplied the people with these invaluable articles, and he is doubtless able yet to spare a *little* of the "Cambridge japan!"

















